

Office of Student Development

785-827-5541 ext. 1162 - 100 East Claflin - Salina, Kansas 67401 - FAX (785) 827-0927

Kansas Wesleyan University Teacher Credential Files Letter of Recommendation Request

requests that you complete a re- Prospective organizations may review this recommendation to determine candidate you are writing on behalf of.	ecommendation on his/her behalf. eligibility for placement of the individual
The following may assist in developing a reference letter for the candidate	e:
 Utilize a personal letterhead or letterhead from your organization. Date of which the letter was written. The capacity in which you know the candidate. The unique qualities of the candidate as they apply to the position ability, research ability, attitude toward study, potential as an origin the profession, creativity, ability to apply theory to practice, enthus. Examples that demonstrate specific skills and achievements of the A means for which people reading the letter may contact you: name 	nal contributor to the field, dedication to siasm, etc. candidate.
To be completed by the candidate (circle your choice):	
 I wish to have access to my recommendations. I waive my right to have access to my recommendations 	
Candidate's Signature:	Date:
To be completed by the writer:	
Signature of Writer	Phone #:

Completed recommendation letters should be returned to Kansas Wesleyan University

Organization: _____ City/State: _____